Name in Full: Mrs. Roberta Dunlap Almoney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Sept. Day: 3

Age: Years: 47 Months: 11 Days: 22

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: H. W.

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Husband: Andrew B. Almoney

Father's Name: Robert White Dunlap

Father's Birthplace: Penna

Mother's Maiden Name: Martha Mahan

Mother's Birthplace: Penna

Name of person giving Information: A. B. Almoney

How related to deceased: husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Carcinoma 45

How long: one year

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. C. R. Scott

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A86614

Name in Full: Florence Catharine Bloyer.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 9; Day: 1; 1904

Age: Years: 0; Months: 5; Days: 0

Sex: Female; Color or Race: white; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Franklin Bloyer; Father's Birthplace: Md.

Mother's Maiden Name: Minnie M. Winters; Mother's Birthplace: Md.

Name of person giving information: Wm. Bloyer; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition; How long: 3 mos.

Immediate: Exhaustion.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. Mauzy & Son

Address: Undertakers

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Skin Burn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Templeton — County: Nash

Date of death: 1904 — Month: 9 — Day: 24 — Age: Years / Months / Days

Sex: Female — Color or Race: Black — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jorge Burns — Father's Birthplace: Templeton

Mother's Maiden Name: Hannah Jackson — Mother's Birthplace: Templeton

Name of person giving Information: Geo Burns 3? — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Skin Burn — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C. J. Hargrave

Address: Templeton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elizabeth Bryant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sharpsburg — County: Washington

Date of death 190 X: Month: Sept- — Day: 12 — Age: Years: 57 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Philadelphia

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband: J. M. Bryant

Father's Name: Don't Know — Father's Birthplace: —

Mother's Maiden Name: " — Mother's Birthplace: —

Name of person giving In formation: J. M. Bryant — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: An irreducible Umbilical Hernia — How long: For Several years

Immediate: Strangulation — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: S. Howell Gardiner

Address: Sharpsburg, Md

Accident or Suicide? 8

LIBRARY BUREAU A88816

Eugene Markers,
Undertaker.

Name in Full: Theador Calaman

CERTIFICATE OF DEATH

State: MARYLAND

Died at: Oakler Mills — Town

County: Washington

Date of death: 1904 — Month: 9 — Day: 1

Age — Years: — Months: 1 — Days: 28

Sex: Male

Color or Race: Colored

Birthplace: Oakler Mills

Occupation: None

Where Residing if not at place of death: Oakler Mills

~~Married~~, Single or ~~Widowed~~

~~Name of Wife or Husband~~

Father's Name: Thomas Calaman

Father's Birthplace: Keedysville

Mother's Maiden Name: Mary Bland

Mother's Birthplace: Montgomery Co

Name of person giving information: Thomas Calaman

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: Two weeks

Immediate: Meningitis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Nikirsen

Address: Keedysville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: John Cashman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Sept. Day: 17 1904 — Age: Years: 60 Months: Days:

Sex: male — Color or Race: White — Birthplace: Ireland

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Elizabeth Cashman.

Father's Name: John Cashman — Father's Birthplace: Ireland

Mother's Maiden Name: Nora Mackiney — Mother's Birthplace: "

Name of person giving Information: Mrs John Cashman — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Concussion of Brain — How long:

Immediate: Exhaustion — How long:

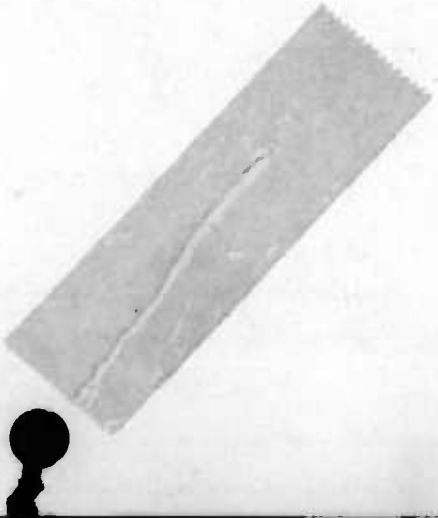
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E C Warfield

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66616



Name in Full: Elizabeth Chambers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bellevue Asylum — County: Washington

Date of death 1904: Month: Sept — Day: 29 — Age: Years: 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Va

Married, Single or Widowed: Single — Occupation: H.W.

Name of Wife or Husband:

Father's Name: Unk — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mrs Wasser — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Intestines — How long: 3 mos.

Immediate: Senility Exhaustion. — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Thomson

Address: Hagerstown Md

Accident or Suicide? No.

29

LIBRARY BUREAU A55516

Name in Full: Jacob Daniel Coffman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Near Hancock (County): Wash

Date of death 1904: Month: Sep; Day: 6; Years: Age 10; Months: -; Days: -

Sex: Male; Color or Race: White; Birthplace: Maryland,

Occupation:

Where Residing if not at place of death: Near Hancock

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: William H Coffman; Father's Birthplace: Md

Mother's Maiden Name: Alice Starliper; Mother's Birthplace: W. Va

Name of person giving information: Wm H. Coffman; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blown up With Powder; How long:

Immediate: Shock; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Martin Jenkins

Address: Hancock Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A8501G

Name in Full: Giles Linwood Cox

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sharpsburg — County: Washington

Date of death 190 4 — Month: Sept- — Day: 1 — Age — Years: 1 — Months: 7 — Days: 1.

Sex: Male — Color or Race: White — Birthplace: Sharpsburg

Married, Single or Widowed: ~~~ — Occupation: ~~~

Name of Wife or Husband: ~~~

Father's Name: John Cox — Father's Birthplace: Va

Mother's Maiden Name: Louisa Lantman — Mother's Birthplace: Md

Name of person giving information: Mrs B.F. Lantman — How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum 10 5 — How long: —

Immediate: Cholera Infantum — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Lantman

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Eugene Tranker.
Undertaker.

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Dead Born — Town: Clear Spring — County: Wash

Date of death 1904 — Month: Sep — Day: 10 — Age: Years: dead when born — Months — Days

Sex — Color or Race: White — Birthplace: Homes Valley

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John Crilley — Father's Birthplace: Clear Spring

Mother's Maiden Name: Susan McKee S. — Mother's Birthplace: Indian Spring

Name of person giving In formation: James F Mckee — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: A Neighbor Nurse, Mrs Dell Hull — How long

Immediate: Dead when Born — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Clear Spring Md

Accident or Suicide?

Frantz Bros Undertakers

LIBRARY BUREAU A88516

Name in Full: Francis L. Davis

No. 218

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Williamsport (County) Washington

Date of death: Month Sept Day 27 Year 1904 Age 29 Months — Days —

Sex Female Color or Race White Birthplace Williamsport

Occupation Hammerjr Where Residing if not at place of death Williamsport, Md

Married, Single or Widowed Married Name of Wife or Husband Williams Davis

Father's Name Dibert Jr Estes Father's Birthplace Conn port

Mother's Maiden Name Maggie Murary Mother's Birthplace Conn port

Name of person giving Imformation William Davis How related to deceased Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Lung abscess How long 4 Mos.

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Wertz

Address Williamsport Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A80316

Name in Full: Rosella Davis — No 217

CERTIFICATE OF DEATH

Died at: Town: Williamsport — County: Washington — MARYLAND

Date of death: 1904 Month: Sept Day: 20 — Age: Years: — Months: — Days: 17

Sex: Female — Color or Race: White — Birthplace: Williamsport

Occupation: Infant — Where Residing if not at place of death: Williamsport

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Davis — Father's Birthplace: Wmsport

Mother's Maiden Name: Francis L. Davis — Mother's Birthplace: Wmsport

Name of person giving information: William Davis — How related to deceased: Father

CAUSES OF DEATH

Primary: Incanition — How long: 10 days

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. M. Wertz

Address: Williamsport Maryland

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Amy Maria Dramer

CERTIFICATE OF DEATH

Died at: Town: Kaedysville; County: Washington; State: MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death 19 11 Month 9 Day 27

Age: Years 79 Months 10 Days 28

Sex: Female; Color or Race: White; Birthplace: Kaedysville

Occupation: None; Where Residing if not at place of death: Kaedysville

Married, ~~Single~~ or Widowed; Name of Wife or Husband: Jonas S Dramer

Father's Name: Frederick Baker; Father's Birthplace: Kaedysville

Mother's Maiden Name: Catherine Dramer; Mother's Birthplace: Kaedysville

Name of person giving Information: Mrs Jennie Nail; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long: 7 years

Immediate: Cerebral Meningitis; How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Nikiser

Address: Keedysville Md

~~Accident or Suicide~~?

LIBRARY BUREAU A63316

Name in Full: Elene Carlton Dutro.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Beuvola — County: Washington

Date of death 190 4 — Month: Sept. — Day: 13th

Age — Years: 1 — Months: — — Days: 7

Sex: Male — Color or Race: Caucasian — Birthplace: Beuvola, Md

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: John L. Dutro — Father's Birthplace: Fred. Co. Md.

Mother's Maiden Name: Ellen Bussard — Mother's Birthplace: Mrl. Co. Md.

Name of person giving information: John L. Dutro — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

104

CAUSES OF DEATH

Primary: Acute Indigestion. — How long: 24 hours.

Immediate: Spasms — How long: 24 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Hubert Wade, M.D.

Address: Boonsboro, Mrl. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A889316

Name in Full: Harold Eugene Eavey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sharpsburg — County: Washington

Date of death 1904 — Month: Sept. — Day: 22 — Age — Years: — Months: 5 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Sharpsburg

Occupation: — Where Residing if not at place of death: "

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Clinton Eavey — Father's Birthplace: Sharpsburg

Mother's Maiden Name: Rhoda Heimes — Mother's Birthplace: "

Name of person giving Imformation: Clinton Eavey — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inanition — How long: All during life

Immediate: Inanition — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. H. Gardner

Address: Sharpsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88916

Eugene Marker
Undertaker.

Name in Full: Owen C. Flynn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Funkstown — County: Washington

Date of death 1904: Month: Oct. — Day: 18 — Age: Years: 73 — Months: — — Days: 7

Sex: Male — Color or Race: White — Birthplace: Jefferson

Occupation: Laborer. — Where Residing if not at place of death: —

Married, Single or Widowed: Single. — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Tomos. Flynn — Father's Birthplace: Md.

Mother's Maiden Name: Martin Foutz — Mother's Birthplace: Unknown

Name of person giving Imformation: Robt. R. Flynn — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 10 hrs

Immediate: Abcess of right lung — How long: ..

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Bucpard

Address: Funkstown Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Louise B Forsythe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Indian Spring County: Washington

Date of death 1904: Month: Sept Day: 5-th Age: Years: 48 Months: 4 Days: 5

Sex: Female Color or Race: White Birthplace: Miss Co.

Occupation: House Wife Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband: Henry Forsythe

Father's Name: John Shank Father's Birthplace:

Mother's Maiden Name: Margaret Martin Mother's Birthplace:

Name of person giving information: Mother How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs How long: 1 Year.

Immediate: Exhaustion How long: Gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P. Perry

Address: Clearspring Maryland

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Mrs Susan Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington; MARYLAND

Date of death 1904: Month: Sept; Day: 22; Age: Years: 60; Months: 5; Days: 18

Sex: female; Color or Race: White; Birthplace: Md.

Occupation: W.W.; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: D. C. Harris

Father's Name: Henry Shaffer; Father's Birthplace: Md.

Mother's Maiden Name: Isabella Lowery; Mother's Birthplace: Penna

Name of person giving information: J. E. Harris; How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis; How long: About four months

Immediate: General Debility; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Daniel C. Coffelt

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Elizabeth Brown Henderson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Was

Date of death: Month: Sep — Day: 5 — Age: Years: Watts — Months: 8 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Hancock

Occupation — Where Residing if not at place of death: Hancock

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: C W. R Henderson — Father's Birthplace: Hancock

Mother's Maiden Name: Anna L Summers — Mother's Birthplace: Hancock

Name of person giving Imformation: C W R Henderson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 2 mo

Immediate: Asthenia — How long: 1 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Hancock Md

Accident or Suicide? No.

LIBRARY BUREAU A80816

Name in Full: Mary E. Henthorn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 9 — Day: 8

Age — Years: 66 — Months: 11 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Alfred Henthorn

Father's Name: Lewis Wampler — Father's Birthplace: Pa

Mother's Maiden Name: Julia Shively — Mother's Birthplace: Pa

Name of person giving In formation: Alfred Henthorn — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetes. — How long: 3 years

Immediate: Exhaustion — How long: Several months

50

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. W. Kayser

Address: Hagerstown, Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66816

Name in Full: H. Raymond Hepper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 9; Day: 8; Year: 1904

Age: Years: —; Months: 5; Days: 13

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry G. Hepper; Father's Birthplace: Pa

Mother's Maiden Name: Rose E. Bummer; Mother's Birthplace: Va

Name of person giving information: Harry G Hepper; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Meningitis; How long: 4 days

Immediate: Convulsions Exhaustion; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monson M.D.

Address: Hagerstown Md

Accident or Suicide? No.

LIBRARY BUREAU A88516

9
2/12
1.22

Name in Full: Joseph Russell Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Clear Spring — County: Washington

Date of death: Month: 9 — Day: 2 — 1904

Age — Years: — Months: 4 — Days: 15

Sex: Male

Color or Race: White

Birthplace: Clear Spring

Occupation:

Where Residing if not at place of death: Clear Spring

~~Married~~, Single or ~~Widowed~~

~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Hoffman

Father's Birthplace: West Va

Mother's Maiden Name: Lucy Smith

Mother's Birthplace: Md

Name of person giving Information: Henry Hoffman

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Entero Colitis — How long: 6 weeks

Immediate: Exhaustion — How long:

105

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C J Mason, M.D

Address: Clear Spring Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs Matilda Kennedy.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: Sept — Day: 28 — 1904

Age — Years: 73 — Months: — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Va.

Occupation: Housekeeper

Where Residing if not at place of death: —

Married, Single or Widowed: widow

Name of ~~Wife or~~ Husband: Henry Kennedy

Father's Name: Not Known

Father's Birthplace:

Mother's Maiden Name: " "

Mother's Birthplace:

Name of person giving Information: Rebecca Hopewell

How related to Deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: General Debility 15 ✓

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. R. Schelley M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A8851Q

Name in Full: Fronie S. K. Kerns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock — County: Was

Date of death: Month: Sep — Day: 1 — Year: 1904 — Age: Years: — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Hancock

Occupation: — Where Residing if not at place of death: 11 11

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James H. Kerns — Father's Birthplace: Hancock

Mother's Maiden Name: B K Hartley — Mother's Birthplace: Rappahannock Co Va

Name of person giving information: James H. Kerns — How related to deceased: Father

CAUSES OF DEATH

Primary: Malnutrition — How long: 2 mos.

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. West

Address: Hancock

Accident or Suicide? No

8

LIBRARY BUREAU A88816

Name in Full: Elmer Kershner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash

Date of death 1904 — Month: Sept — Day: 21 — Age — Years: — Months: 2 — Days: 2

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Elmer Kershner — Father's Birthplace: Md.

Mother's Maiden Name: Florence Bostetter — Mother's Birthplace: "

Name of person giving Information: Elmer Kershner — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: V

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E A Wareham

Address: Hagerstown

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Mary E. Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 9; Day: 5; Age: Years: 69; Months: ; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Solomon Long

Father's Name: Solomon Coblentzer; Father's Birthplace: Md

Mother's Maiden Name: Betsy Coblentz; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency; How long: Several years

Immediate: Cardiac asthma, Exhaustion; How long: One month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. C. Bagner

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A85618

Name in Full: John H. Lapole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Porterstown; County: Washington

Date of death: 1904; Month: Sep.; Day: 20; Age: Years: 65; Months: 6; Days: 8

Sex: Male; Color or Race: White; Birthplace: Tittlestown

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Lapole; Father's Birthplace: Tittlestown

Mother's Maiden Name: Mary Perty; Mother's Birthplace: Hiatstown

Name of person giving Imformation: Wm H. Lapole; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility; How long: For years

Immediate: Paralysis; How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Howard Gardner

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Chas. S. Wade

Undertaker

Name in Full: Sallie A Leedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Clearfoss — County: Washington — MARYLAND

Date of death 1904 — Month: Septr — Day: 28 — Age — Years: 28 — Months: — Days: 7

Sex: female — Color or Race: white — Birthplace: Morgansville Md.

Occupation: house wife — Where Residing if not at place of death: home

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Sallie A Leedy

Father's Name: William Murray — Father's Birthplace: Morgansville Md.

Mother's Maiden Name: Sallie A Murray — Mother's Birthplace:

Name of person giving information: Melchor Leedy — How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophic Dilatation of Heart — How long:

Immediate: Apoplexis — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry B Swingerland

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Howard Lee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sharpsburg — County: Washington

Date of death 1904 — Month: Sept — Day: 27

Age — Years: 22 — Months: 11 — Days: 27

Sex: Male

Color or Race: Colored

Birthplace: Sharpsburg

Occupation: Laborer

Where Residing if not at place of death: "

Married, Single or Widowed: Single

Name of Wife or Husband: ——

Father's Name: John Lee

Father's Birthplace: Sharpsburg

Mother's Maiden Name: Eliza Stanbach.

Mother's Birthplace: "

Name of person giving Imformation: John Lee

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Don't Known

Immediate: Hemorrhage

How long: a few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Howard Gardner

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Eugene Marker
Undertaker

Name in Full: Stanley Kenneth Long.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: Sep — Day: 18 — Years: — — Months: 2 — Days: 2

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adam Long — Father's Birthplace: Canada.

Mother's Maiden Name: Jennie Perrot — Mother's Birthplace: "

Name of person giving information: Adam Long — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Congestion of Lungs — How long: 10 hours

Immediate: Cardiac Failure — How long: 10 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D M Bagaman

Address: Hagerstown, Md.

Accident or Suicide? —

8

LIBRARY BUREAU A88816

Name in Full: Harry L. Lowman.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leitersburg; County: Washington

Date of death 1904: Month: Sept; Day: 25-

Age: Years: 17; Months: 4; Days: 12

Sex: Male

Color or Race: White

Birthplace: Leitersburg.

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Lowman.

Father's Birthplace: Leitersburg

Mother's Maiden Name: Katherine High.

Mother's Birthplace: Leitersburg

Name of person giving information: Myrtle Lowman

How related to deceased: Sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever

How long: 35 days

Immediate: Heart failure

How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. R. W. Wilson M.D.

Address: Leitersburg, Md.

Accident or Suicide? —

LIBRARY BUREAU A86616

Name in Full: Mable Lenn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Smithsburg — County: Washington

Date of death: Month: Sept. — Day: 19 — 1904

Age: ~~Years~~ Months: 9 — Days:

Sex: Female — Color or Race: White — Birthplace: Smithsburg

Occupation: none — Where Residing if not at place of death: Smithsburg

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: W. Emory Lenn — Father's Birthplace: Smithsburg

Mother's Maiden Name: Edith Boyer — Mother's Birthplace: Wash. Co.

Name of person giving information: Mrs. Poffinberger — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal nutrition. — How long: 9 mos

Immediate: Debility — How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah McCusker

Died at: Town: near Hancock County: Was

Date of death: Month: Sep Day: 6 Years: 86 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Fulton Co. Pa

Occupation: Housewife Where Residing if not at place of death: near Hancock

Married, Single or Widowed: Widow Name of Husband: John McCusker

Father's Name: Jacob Bishop Father's Birthplace: Kentucky

Mother's Maiden Name: Sarah Bishop Mother's Birthplace: Don't know

Name of person giving Imformation: Abner McCusker How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age. How long: 15-4

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. E. Higus

Address:

Accident or Suicide?

LIBRARY BUREAU A85618

Name in Full: Courtney McGrand

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg — County: Washington

Date of death 1904: Month: Sept. — Day: 30 — Age: Years: 28 — Months: 8 — Days: 29

Sex: Male — Color or Race: White — Birthplace: Sharpsburg

Occupation: ——— — Where Residing if not at place of death: "

Married, Single or Widowed: Single — Name of Wife or Husband: ———

Father's Name: Jacob McGrand — Father's Birthplace: Sharpsburg

Mother's Maiden Name: Ann Mary Kretzer — Mother's Birthplace: "

Name of person giving Information: Jacob McGrand — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: about 10 days

Immediate: Intestinal Hemorrhage. — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Garrett.

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Eugene Markets
Understates

Name in Full — Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Antietam — County: Washington

Date of death 1904 — Month: 9 — Day: 8 — Age: Years — Months — Days

Sex: Girl — Color or Race: White — Birthplace: Antietam

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Henry Marshall — Father's Birthplace: Wash. Co. Md

Mother's Maiden Name: Annie Hinn — Mother's Birthplace: Wash. Co Md

Name of person giving information: Henry Marshall — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth — How long: —

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Harold Gardner

Address: Sharpsburg - Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

J. F. Mercer

Certificate of Death

Died at Town: Fair View County: Washington MARYLAND

Date 1904 Month: April Day: 10 | Age Y. 58 M. D. | Native of | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living

Husband of Wife: Elizabeth Good

Father's Name: W. Mercer | Mother's Name: Unknown

Cause of Death — Primary: Paralysis | How long sick: 2 weeks

Immediate: Heart Failure. | Accident, Suicide, Homicide

Reported by: Victor Mercer M.D.

Address: Mason Dixon, Pa. | C. A. Mangans & son, undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Leah Moats

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Filgmantown — County: Washington

Date of death: Month 9, Day 26, 1904 — Age: Years 64, Months 1, Days 3

Sex: Female — Color or Race: White — Birthplace: Hoarersville Md

Occupation: Housekeeping — Where Residing if not at place of death:

Married, Single or Widowed: Maried — Name of ~~Wife or~~ Husband: John Moats

Father's Name: Johnathan Longman — Father's Birthplace: Washington Co

Mother's Maiden Name: Margaret Crecter — Mother's Birthplace: Washington Co

Name of person giving Information: W H Moats — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: 2 years

Immediate: Hemorrhages — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Davis

Address: Boonsboro

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Clara E. Martenay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairplain — County: Washington

Date of death 1904: Month: Sept — Day: Friday

Age: Years: 23 — Months: 2 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Keedysville

Married, Single or Widowed: Married — Occupation: Nurse Wife

Name of Wife or Husband: Clara E. Jones

Father's Name: Hezekiah Gosnell — Father's Birthplace: Fredrick Co

Mother's Maiden Name: Mary Bramer — Mother's Birthplace: Washington Co

Name of person giving information: Harry Martenay — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis (Puerperal) — How long: 6 days Confinement

Immediate: General exhaustion & manitism — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F D Newcomer

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Franklin Schleigh Musey

CERTIFICATE OF DEATH

Died at: Town: Blue Ridge Summit — County: Franklin — Penna. Grain — MARYLAND

Date of death 1904: Month: April — Day: 25 — Age: Years: — Months: 2 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Blue Ridge Summit

Occupation: — Where Residing if not at place of death: Blue Ridge Summit

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. Wm. Musey — Father's Birthplace: Hagerstown

Mother's Maiden Name: Elizabeth Schleigh — Mother's Birthplace: Baltimore

Name of person giving Information: J. Wm. Musey — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: One Month

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Wachter M'd

Address: Fairfield Pa.

Accident or Suicide?

LIBRARY BUREAU A66316

CERTIFICATE OF DEATH

Name in Full: Elisabeth M. Nigh

Died at: Town: Waynesboro; County: Franklin; Penna. ~~MARYLAND~~

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 Month: Sept. Day: 15 Age: Years 79 Months 3 Days 9

Sex: female Color or Race: White Birthplace: Md.

Occupation: Lady of Leisure Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: Samuel Nigh Father's Birthplace: Penna

Mother's Maiden Name: Elizabeth Rench. Mother's Birthplace:

Name of person giving In formation: Miss Jessa Nigh. How related to deceased: sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: apoplexy 64 How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Walter Pearre.

Address: Waynesboro, Penna.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Margarett C. Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 9; Day: 15

Age: Years: 80; Months: 8; Days: 28

Sex: Female; Color or Race: White; Birthplace: Va

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Thomas Reed; Father's Birthplace: Va

Mother's Maiden Name: Mary Ec. Doyle; Mother's Birthplace: Va

Name of person giving information: Martha J Wagoner; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

Mrs Addison Pa

CAUSES OF DEATH

Primary:

How long:

Immediate: General Debility; How long: Several years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno Physician

Address: L. M. Watkins Undertaker Hagerstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

8

LIBRARY BUREAU A88516

Name in Full: Mrs. Susan Rohrer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hagerstown (Town) Washington (County)

Date of death 1904: Month Sept. Day 29 Years 70 Months 10 Days

Sex: female Color or Race: White Birthplace: Md.

Occupation: H. W. Where Residing if not at place of death:

Married, Single or Widowed: widow Name of ~~Wife of~~ Husband: Elias E. Rohrer

Father's Name: Jacob Miller Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Swavely Mother's Birthplace: "

Name of person giving In formation: Nettie Rohrer How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis How long

Immediate: Epidermitis How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. A. Warfieman

Address: HAGERSTOWN, MARYLAND.

Accident or Suicide?

LIBRARY BUREAU A82516

Name in Full: Samuel Thrador Rowe

CERTIFICATE OF DEATH — State of MARYLAND

Died at — Town: Kreadysville — County: Washington

Date of death: 1904 — Month: 9 — Day: 20

Age — Years: 1 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Kreadysville

Occupation: None — Where Residing if not at place of death: Kreadysville

Single: — Married: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel R Rowe — Father's Birthplace: Boonsboro

Mother's Maiden Name: Ada F Demmar — Mother's Birthplace: Kreadysville

Name of person giving information: Samuel R Rowe — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteri Colités — How long: Two weeks

Immediate: Meningitis — How long: 3 days

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Nihiser

Address: Keedysville Maryland

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full: Isabelle Jane ~~French~~ Shilling

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Funkstown — County: Washington.

Date of death 1904: Month 9 — Day 16

Age: Years 66 — Months 8 — Days 16

Sex: Female — Color or Race: white — Birthplace: Md.

Occupation: House wife — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: Samuel Shilling

Father's Name: John French — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Albert Shilling — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: Many Years

Immediate: Uremic Poisoning — How long: 3 Years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Bruinsford

Address: Funkstown Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Thomas C. Sluroder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: Sept — Day: 11

Age — Years: 48 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Penna.

Occupation: carter — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Sanford Sluroder — Father's Birthplace: Penna.

Mother's Maiden Name: Amanda Walker — Mother's Birthplace: "

Name of person giving Information: Sizzie Sluroder — How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

166

Primary — How long

Immediate: R. R. Accident — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of [redacted]: C M Suter Undertaker

Address: Hagerstown 2nd

Accident [redacted]de?

LIBRARY BUREAU A83318

Name in Full: Stafford Smille

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Wash

Date of death 1904 — Month: Sept. — Day: 7 — Age — Years: 26 — Months: 6 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Boonsboro

Married, Single or Widowed: Single — Occupation: Day Laborer

Name of Wife or Husband:

Father's Name: Dallas Smille — Father's Birthplace: Wash Co

Mother's Maiden Name: Prudence Ruode — Mother's Birthplace: Wash. Co

Name of person giving information: Prudence Smille — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 21 Days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: J. S. Davis

Address: Boonsboro

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full: Still born child of Emory & Myrtle Sprecher

CERTIFICATE OF DEATH

Died at: Town: Hagerstown; County: Wash.; MARYLAND

Date of death: Month: Sep. Day: 10 1904

Age: Years: still Born Months: Days:

Sex: male

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: Emory R. Sprecher

Father's Birthplace: Md.

Mother's Maiden Name: Myrtle Spangler

Mother's Birthplace: "

Name of person giving Information: Mrs. Spangler

How related to deceased: grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born

How long:

Immediate: " "

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Silas B Boyle MD.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88014

Name in Full: Robert Driggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bellevue Antietam — County: Washington

Date of death: Month: Sept — Day: 3. — Years: 89 — Months — Days

Age

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Labour — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: — —

Father's Name: unknown — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving Imformation: Mr D R Hager — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: Senility + Exhaustion — How long: 2 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monnon

Address: Hagerstown Md.

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Dr. John M. Steck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithsburg — County: Wash

Date of death: Month: 9 — Day: 23. — Year: 1904

Age: Years: 61 — Months: 4 — Days: 2

Sex: male — Color or Race: white — Birthplace: Pottsville Pa

Occupation: Dr. of Medicine — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife/Husband: H. J. A. Steck.

Father's Name: Daniel S Teck — Father's Birthplace: Hughes ville Pa

Mother's Maiden Name: Susan M. Edwards — Mother's Birthplace: Lycoming Co Pa

Name of person giving information: Cordelia Lakin. — How related to deceased: Sisterinlaw

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Meningitis — How long: 10 days -

Immediate: Exhaustion — How long: 2 "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M Bruce Miller

Address: Hagerstown, Md.

Accident or Suicide? —

8

LIBRARY BUREAU A88818

Name in Full: Harry Stoner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithsburg; County: Washington

Date of death: 1904; Month: 9; Day: 11; Age: Years: 35; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Fairfield

Occupation: Laborer; Where Residing if not at place of death: Fairfield

Married, ~~Single~~ or Widowed; Name of Wife or Husband:

Father's Name: Peter Stoner; Father's Birthplace: Fairfield

Mother's Maiden Name: Harriett McLeod; Mother's Birthplace: Penn

Name of person giving information: Matilda Hoffman; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

166

Primary: ; How long:

Immediate: Killed by a Rail Road Train; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature: ~~Physician~~ Surgeon. B. Hoover

Address: Smithsburg Md

Undertaker

Accident ~~or Casualty~~?

LIBRARY BUREAU A89618

Name in Full: Simon Talhelm

CERTIFICATE OF DEATH

MARYLAND

Died at: Hagerstown — Town; Washington — County

Date of death: 1904 — Month: Sept — Day: 12 — Age: Years 88 — Months — Days

Sex: Mald — Color or Race: White — Birthplace: Pa

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Mary Ann Nolan

Father's Name: Peter Talhelm — Father's Birthplace: Don't Know

Mother's Maiden Name: Mary Gossard — Mother's Birthplace: Don't Know

Name of person giving Information: Martha Dorton — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: [illegible] — How long: [illegible]

Immediate: Murdered — How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Odell Rogers M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Jacob Thomas

CERTIFICATE OF DEATH

Died at: Town: Mercerville; County: Washington; MARYLAND

Date of death: Month: 9; Day: 1; Age: Years: 73; Months: 3; Days: 8

Sex:

Color or Race: white

Birth-place:

Occupation: Labourer

Where Residing if not at place of death: Mercerville

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Peter Thomas

Father's Birthplace: Wash Co Md

Mother's Maiden Name: Rosanna Keitsmiller

Mother's Birthplace:

Name of person giving Information: Franklin Thomas

How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complication of Non-Contagious Diseases

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D Howell Gardner.

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Robert Trimble

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Was

Date of death 1904 — Month: Sep — Day: 19 — Age — Years: 79 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Cabinet Maker — Where Residing if not at place of death: Hancock

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Trimble

Father's Name: Robert Trimble — Father's Birthplace: Ireland

Mother's Maiden Name: Elizabeth Whyte — Mother's Birthplace: Ireland

Name of person giving Information: Robert Trimble — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: -

Immediate: Exhaustion — How long: 1 Month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Alwine

Address: Hancock Md

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: Amy Wilhide

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Washington

Date of death: Month: Sept. Day: 6" 1904

Age: Years: 73 Months: Days:

Sex: Female — Color or Race: Caucasian — Birthplace: Frederick Co. Md.

Occupation: Farmer-wife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Jacob Wilhide

Father's Name: Baltzil Frey — Father's Birthplace: Germany

Mother's Maiden Name: Nancy Fogle — Mother's Birthplace: Frederick Md.

Name of person giving information: Mrs. Chas. Deaver — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy — How long: 3 weeks

Immediate: Mental Debility Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Calvert Rader M.D.

Address: Boonsboro. Maryland

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Town

County

Died at Hunters Brook Montgomery MARYLAND

Date 189 1904 Month Aug. Day 25 Age Y. 8 M. D. | Native of 221 | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Richard Williams

Mother's Name Carrie Fletcher

How long s...

Cause of Death { Primary Malformation

Immediate Exhaustion

Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU